## PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2003

110334.01

		CLAIMS A		S FILED - PART I (Column 1) (Column				SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TC	OTAL CLAIMS	<u> </u>		11		· ·	[	RATE	FEE	7	RATE	FEE
FC	DR		NUMBER	FILED	NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	t
тс	OTAL CHARGE	ABLE CLAIMS	// mir	nus 20=	. 0			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			, 3 m	inus 3 =	.0			X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT		•			+145=	<del> </del>	1		
* 11	the difference	e in column 1 is	less than ze	ess than zero, enter "0" in colu			L	TOTAL	<del> </del>	OR	÷290=	7 72
		CLAIMS AS A						TOTAL	<u> </u>	OR	TOTAL OTHER	770
	·	(Column 1)		(Colum	nn 2)	(Column 3)	- <u>-</u>	SMALL	ENTITY	OR	SMALLE	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+145=		OR	+290=	
							L	TOTAL			TOTAL	
		(Column 1)	AL	DDIT. FEE		,	ADDIT. FEE <b>L</b>					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOI PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	· ·
AME	Independent	TATION OF MI	Minus	***	~: A184	=		X43=		OR	· X86=	
Ш	FIRST PRESE	LTIPLE DEF	ENDENT	CLAIM		<sup> </sup>	+145=		OR	+290=		
							L	TOTAL DDIT. FEE		L	TOTAL ADDIT. FEE	
		(Column 1) (Column 2) (Column 3)								-	VUUII. FLL	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Ind pendent	<u> </u>	Minus	***		=		X43=		OR	X86=	
لــــــــــــــــــــــــــــــــــــــ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR A	TOTAL	
***	If the "Highest Nur	mber Previously Pai mber Previously Pai nber Previously Paid	aid For" IN THIS	S SPACE is	less than	n 3, enter "3."	70	DIT. FEE <b>L</b> I in the appr		^	ADDIT. FEE <b>L</b> umn 1.	